

DINING FACILITY SANITATION

Proponent / Phone No. MEDDAC

Point of Contact: _____

Unit Inspected: _____

Date of Inspection: _____

Unit Representative: _____

Unit Phone No.:_____

Inspector's Name: _____

Inspector's Phone No.:_____

Unit Overall Rating: T P U

REFERENCE: TB Med 530, November 1991

STANDARDS: "T"= 90% success rate of evaluated tasks with no failed critical tasks, "P"= 70% success rate of evaluated tasks with no failed critical tasks, "U"= less than 70% success rate of evaluated tasks or one failed critical task.

[illegible]